

RICHLAND COUNTY REGIONAL SOLID WASTE MANAGEMENT AUTHORITY

Solid Waste Generation Fee Submittal Form

For the month of:

Facility Name:

Ohio I.D. Number:

For Automotive Shredder Residue (fluff) municipal solid waste generated **within** Richland County Solid Waste District and received by this facility:

One Dollar per ton multiplied by the tonnage received from Richland County and/or disposed of

Total Tonnage:

Total Fee Submitted:

I hereby certify that the above statements are true and correct,

Authorized Signature: _____

Printed Name & Title:

Date: _____, 20____.

Subscribed and sworn before me this

_____ day of _____, 20____.

Notary Public

Please fill out the monthly fee submittal form in its entirety.

Make all checks payable to **Richland County Solid Waste** and mail both this form and check to:

Richland County Regional Solid Waste Management Authority
1125 National Parkway
Mansfield, Ohio 44906
419-774-5861